# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000006498

1. Entity Name
CHARLOTTE COUNTY TRES AMIGOS, LLC

FILED
2007 MAY 18 P 2:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1691 HUNTER CREEK DRIVE<br>PUNTA GORDA, FL 33982 | 1691 HUNTER CREEK DRIVE<br>PUNTA GORDA, FL 33982 |

03272007 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-2491833 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HAYMANS, MICHAEL P ESQ<br>FARR FARR EMERICH HACKETT AND CARR, P.A.<br>99 NESBIT STREET<br>PUNTA GORDA, FL 33950 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $60.00**
**Due by May 1, 2007**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>POPPER, PAUL M<br>1691 HUNTER CREEK DRIVE<br>PUNTA GORDA, FL 33982 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MBR<br>SCHMIDT, HEINZ<br>1691 HUNTER CREEK DRIVE<br>PUNTA GORDA, FL 33982 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MBR<br>ARGABRIGHT, DEAN A<br>1691 HUNTER CREEK DRIVE<br>PUNTA GORDA, FL 33982 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** PAUL M. POPPER MGRM 941-624-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #